

L 100000093917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

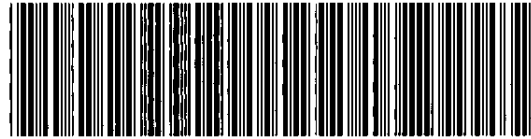
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Mailing Address**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SUBJECT: EAB Consulting, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Carlton
7948 Baymeadows Way
Suite 300
Jacksonville, FL 32256

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchel Krouse, Esq.
941-993-0553

Enclosed is a check made payable to the **Florida Department of State** for the following amount:

\$125.00 Filing Fee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Articles of Organization of EAB Consulting, L.L.C
A Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

EAB Consulting, L.L.C

Article II

The street address of the principal office of the Limited Liability Company is:

7948 Baymeadows Way
Suite 300
Jacksonville, FL 32256

The mailing address of the Limited Liability Company is:

7948 Baymeadows Way
Suite 300
Jacksonville, FL 32256

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TALLAHASSEE, FLORIDA

Article III

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

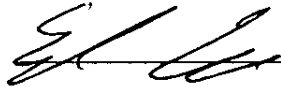
Article IV

The name and Florida street address of the registered agent is:

Edward Carlton
7948 Baymeadows Way
Suite 300
Jacksonville, FL 32256

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent Signature:



Edward Carlton

Article V

The name and address of managing members/managers are:

Title: MGRM

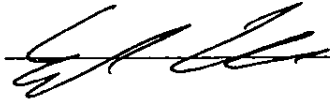
Edward Carlton
7948 Baymeadows Way
Suite 300
Jacksonville, FL 32256

Title: MGRM

Andy Carlton
7948 Baymeadows Way
Suite 300
Jacksonville, FL 32256

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Signature of member:



Edward Carlton